

Docket No.: M4065.0771/P771  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Roger Panicacci

Allowed: May 5, 2005

Application No.: 09/281,358

Confirmation No.: 7144

Filed: March 30, 1999

Art Unit: 2615

For: ANALOG TO DIGITAL  
CONVERTER WITH INTERNAL  
DATA STORAGE

Examiner: N. T. Tran

**COMMENTS ON EXAMINER'S  
STATEMENT OF REASONS FOR ALLOWANCE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

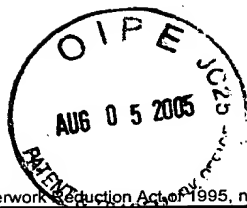
Applicant agrees in part with the Examiner's statement for allowance in that the prior art of record fails to disclose the limitations noted by the Examiner. However, the Examiner's statement focuses on select limitations of some claims and does not reflect all of the language of each of the allowed claims. The totality of the language of each claim provides additional reasons for the allowance of each claim.

Dated: August 5, 2005

Respectfully submitted,

By Thomas J. D'Amico <sup>Reg. 32,699</sup> for

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|   |  |                          |                        |                 |
|---|--|--------------------------|------------------------|-----------------|
| <b>FEE TRANSMITTAL</b><br>For FY 2005<br><br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |                        |                 |
|   |  | Application Number       | 09/281,358-Conf. #7144 |                 |
|   |  | Filing Date              | March 30, 1999         |                 |
|   |  | First Named Inventor     | Roger Panicacci        |                 |
|   |  | Examiner Name            | N. T. Tran             |                 |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | 1,415.00                 | Art Unit               | 2615            |
|   |  |                          | Attorney Docket No.    | M4065.0771/P771 |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input checked="" type="checkbox"/> Credit Card                                   |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input type="checkbox"/> Deposit Account    Deposit Account Number: <u>04-1073</u> Deposit Account Name: <u>Dickstein Shapiro Morin &amp; Oshinsky LLP</u> |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |   |
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                    |                     |   |                     |                         |                      |                                      |  |
|---|--------------------|---------------------|---|---------------------|-------------------------|----------------------|--------------------------------------|--|
| <b>FEE CALCULATION</b>  |                    |                     |   |                     |                         |                      |                                      |  |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                     |   |                     |                         |                      |                                      |  |
|   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                     | <b>EXAMINATION FEES</b> |                      |                                      |  |
|   |                    | <b>Small Entity</b> |   | <b>Small Entity</b> |                         | <b>Small Entity</b>  |                                      |  |
| <b>Application Type</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Fee (\$)</b>      | <b>Fees Paid (\$)</b>                |  |
| Utility   | 300                | 150                 | 500   | 250                 | 200                     | 100                  |                                      |  |
| Design  | 200                | 100                 | 100   | 50                  | 130                     | 65                   |                                      |  |
| Plant   | 200                | 100                 | 300   | 150                 | 160                     | 80                   |                                      |  |
| Reissue   | 300                | 150                 | 500   | 250                 | 600                     | 300                  |                                      |  |
| Provisional   | 200                | 100                 | 0   | 0                   | 0                       | 0                    |                                      |  |
|   |                    |                     |   |                     |                         |                      | <b>Small Entity</b>                  |  |
|   |                    |                     |   |                     |                         |                      | <b>Fee (\$)</b>                      |  |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                     |   |                     |                         |                      | <b>Fee (\$)</b>                      |  |
| Each claim over 20 (including Reissues)   |                    |                     |   |                     |                         |                      | 50                                   |  |
| Each independent claim over 3 (including Reissues)  |                    |                     |   |                     |                         |                      | 200                                  |  |
| Multiple dependent claims   |                    |                     |   |                     |                         |                      | 360                                  |  |
|   |                    |                     |   |                     |                         |                      | 180                                  |  |
| <b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>  |                    |                     |   |                     |                         |                      | <b>Multiple Dependent Claims</b>     |  |
| <u>7</u> - 20 = _____ x _____ = _____   |                    |                     |   |                     |                         |                      | <b>Fee (\$)</b> <b>Fee Paid (\$)</b> |  |
| <b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>   |                    |                     |   |                     |                         |                      |                                      |  |
| <u>2</u> - 3 = _____ x _____ = _____  |                    |                     |   |                     |                         |                      |                                      |  |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                     |   |                     |                         |                      |                                      |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |   |                     |                         |                      |                                      |  |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                     | <b>Fee (\$)</b>         | <b>Fee Paid (\$)</b> |                                      |  |
| _____ - 100 = _____   |                    | /50                 | _____ (round up to a whole number) x _____              |                     | = _____                 |                      |                                      |  |
| <b>4. OTHER FEE(S)</b>  |                    |                     |   |                     |                         |                      | <b>Fees Paid (\$)</b>                |  |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                     |   |                     |                         |                      |                                      |  |
| Other (e.g., late filing surcharge): 1501 Utility issue fee   |                    |                     |   |                     |                         |                      | 1,400.00                             |  |
| 8001 Printed copy of patent w/o color   |                    |                     |   |                     |                         |                      | 15.00                                |  |

|                     |                                 |                                   |                |
|---------------------|---------------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                                 |                                   |                |
| Signature           | <u>Jan Grossman Reg. 32,691</u> | Registration No. (Attorney/Agent) | 28,371         |
| Name (Print/Type)   | Thomas J. D'Amico               | Telephone                         | (202) 828-2232 |
|                     |                                 | Date                              | August 5, 2005 |